BILL FOR SERVICES RENDERED STATE-INITIATED PATERNITY ACTIONS

NAME OF INDIVIDUAL ATTORNEY (First, middle init., last)

STATE OF CONNECTICUT SUPERIOR COURT

www.jud.state.ct.us

BILL I.D. NO.		
DILL I.D. NO.		

DATE(S) SERVICES RENDERED

JD-FM-91 Rev. 12-96

INSTRUCTIONS TO ATTORNEY

Complete this form for each case in which you were appointed by the court to act as the attorney for an indigent defendant in a state-initiated paternity action. This form constitutes your bill for services rendered.

Obtain form CO-17 from the clerk's office and complete it, including the amount of bill below.

Mail form CO-17, with this form attached, to the clerk of the court location where the services were rendered.

JURIS NO.

MAILING ADDRESS OF ATTORI	NEY		
NAME AND ADDRESS OF COURT LOCATION WHERE SERVICES WERE RENDERED		NAME OF JUDGE OR MAGISTRATE	
NAME OF CASE		NO. OF CHILDREN	DOCKET NO.
Case disposed BEFORE complete trial as to:	NAME(S) OF CHILDREN		<u> </u>
Case disposed AFTER complete trial as to:	NAME(S) OF CHILDREN		
fathers in state-initiat in a disposition other services culminating claimed to be the fat fee will be fixed in ac fee for each addition	ounsel appointed by the court to represent ed paternity actions shall be \$220 for server than a disposition after a complete trial. If her of two or more children named in a si cordance with the above for the first child al child. There shall be no additional fees any other legal work in such cases.	vices culminating rial, or \$440 for the defendant is ingle petition, the and 50% of such	AMOUNT OF BILL
SIGNED (Individual atto	rnev)	DA	TE SIGNED